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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	Play agent	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07217
1. PLACE OF DEATH	210-m
County	Registration Dist. No. 100
Village or City Killed Ge	No. St., Ward
Length of residence in city or town where death occurred 40 yrs,mos	
2. FULL NAME Carrier Virginia	alfres
(a) Residence: No. Pulledse	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH, (Month) (Day) 1988
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Jum Celfres	1 HEREBY CERTIFY. That I attended deceased from
5. DATE OF BIRTH (month, day, and year) May 4 1854	last saw h 1 alive on 1933 to 9 1933 death is sain
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above at 4. P. m.
79 0 d I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or perticular	were as follows:
kind of work done, as SPINNER, House mefe	Unalma Inha
9. Industry or business In which	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et	
Spant in this	
year) occupation	Other Contributory Canses of Importance:
(State or country)	Pyelitis Cursed by
Town (1).	remusing
(State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
2)(4) == 00	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
He well aller	Where did injury occur? (Specify city or own, county and State)
(Address) + ellston md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIO PLACE.
18. BURIAL, CREMATION, OR REMOVAL Dean	Manner of injury automobiles ran belle:
Place Hegheldung Date Lety 11, 13,3	Nature of injury 2 Bosolen Rils, Kidele Inger
19. UNDERTAKER STATES OF OR	24. Wes disease or injury in any wey related to occupetion of deceased?
(Address) Larcettaville mix	If so, specify
20. FILED July 11 1933 Thomas P. Brown	(Signed) Assulface Otroler's M.D
20. FILED XILLY 11. 1933 Shows 11. Prower Registrar.	(Address) Fallston md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

	Registration Dist. No. 182  No. St., Ward the occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
Length of residence in city or town where deeth occurred 36 yrs	No. St., Ward the occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred 36 yrs	th occurred in a hospital or institution, give its NAME instead of street and number)
0 0 . 0	riley
2. FULL NAME of a country to the	uccy
/ /	
(a) Residence : No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	L DATE OF DEATH
Male Write Married	(Month) (Day) , 1933 (Year)
5a. If married, widewed, or diverced HUSBAND of	
Catherine O. Bailey 20	HEREBY CERTIFY Thet I ettended deceesed from July 10 ,1933, to July 13, 1933
6. DATE OF BIRTH (month, day, and year) March 28, 1887 (us	tast saw by alive on July 1/3 1033; deeth is seid
770000	o have occurred on the date stated above, at
	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	Cretase Semonlose 7/10/3
Solution of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at the second of this occupation (month and	
Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at 11. Total time (years) 50 this occupation (month and 1923)	
year) 1733 occupation occupation	
12. BIRTHPLACE (Signar town) Churchrille Oth	Other Contributory Causes of importance:
(State or country)	arlnio schrais
13. NAME Am, Bailen	
13. NAME WM, Bailey 14. BIRTHPLACE (Charactown) Churchyllu Nei	leme of operation
(State of country) Wh	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Priscilla Downan 23.1  16. BIRTHPLACE (city or town) Asrifor Co- Acc	. If death was due to external causes (VIOLENCE) fill in elso the following:
6 16. BIRTHPLACE (city or town) Acres Co- Acc	Accident, suicide, or homicide?, 19,
(State or country) Wh	Where did injury occur?
17. INFORMANT MAT & Barnes Bailey Spec	(Specify city or town, county and State) specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BIIDIAI CODEMATION OF SCHOOLS	Manner of injury
Place 17 Caron um pais (les la 16 10 00)	lature of injury
19. UNDERTAKER H. B. Bailen 24.1	. Wes disease or injury In any way related to occupation of deceased?
18 - 4	f so, specify
20, FILED July 16, 19 33 V. E. Chambers	(Signed) Willard () Gudson M.D.
Registrar.  If more blanks are needed, address State Revietrar, 2011.	(Address) Joust Aul my

STATE OF MADVI AND CEPTIFICATE OF DEATH

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Example II

The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilensy A A 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago ETICAL PROPERTY STATE Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-efully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Stated EXACTLY, PHYSICIANS Successified. Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. N. B.-WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	MAKT LAND	CERTIFICATE OF DEATH 072	19
1 1/1/1		183	?
County Harford		Registration Dist. No. 18	
Village or City Rutledg  Length of residence in city or town where death	(If	NoSt.,death occurred in a hospital or institution, give its NAME instead of street and numberds. How long in U.S. if of foreign birth?yrsmos	-
(a) Residence: No Ruttes	(yu md. (Yuai piace of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICA	L'PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male white	INGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Mogra)  (Day)	8 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	0	22. 1 HEREBY CERTIFY, That I attended decea	ased from
6. DATE OF BIRTH (month, day, and year)	.20,1933	I last saw hash alive on Deely 29 1,1933; dee	
7. AGE Years Months	Days if LESS than 1 day,hrs. ormin.	to have occurred on the date stated ebove, at	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			te of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	2.7.500		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupetion		
12. BIRTHPLACE (city or town) Puttle (State or country) Harrio	edge	Other Contributory Causes of importance: ,  Contambal Dearnes	
13. NAME Spencer & V.  14. BIRTHPLACE (city or town)	Blackburn		
(State of country)	o. M.C.	Name of operation transcol Date of What test confirmed diegnosis? Cleancel Was there an autops	sy?_220
15. MAIOEN NAME Etfel  16. BIRTHPLACE (city or town)	Greev	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	19
(State or country)	cu n.c.	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Spencer 7: (Address) Fall	stow man	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Usper X Ponds Babtio	July 30, 1933	Manner of injury	*
19. UNDERTAKER & S. Kurk, & S	20	24. Was disease or injury in any way related to occupation of deceased? 2	0
(Address)	· ~ d	If so, specify	

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 07990
1. PLACE OF PEATH,	(31)
County Darford	Registration Dist. No. 182
Village or City of ountain green	No. St., Ward
Q (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Della Chelle	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Mary (left)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced	U (1.18)
(Or) WIFE of Burrus Check	1 HEREBY CERTIFY, That I attended deceased from
mar 0 41070	Qual 1901 1 2
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	liast saw h_tralive on
5 4 4 1 6 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, es SPINNER, Housework	LI DESTRUCTION LES LIGHT.
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month and spent in this syeer) occupation	
llanta	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	Chronic Homorular Rephritis 3 yrago
13, NAME Hiram nichala	
13. NAME Hran Michaels  14. BIRTHPLACE (city or town) Sharta	Name of according
Y 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Whet test confirmed diagnosis? Was there an autopsy? Alone
15. MAIDEN NAME Elizabeth Dagner	23. If death was due to external causes (ViOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Sharta	Accident, suicide, or homicide? Date of injury, 19
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT BUTTUS Cheek	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Bel W my	
Place Mr. Bior Cemosle July 13, 1933.	Manner of injury
19. UNDERTAKER HOLBAILEN	24. Was disease or Injury in any wey related to occupation of deceased?
(Address) Darlington mid	If so, specify
20. FILED July 1/4 , 1903, V. E. Chambers Registrar.	(Signed) Willord J. Audson M. D.  (Address) Focus Will Mid
If more blanks are needed address State Penistran	N Charles Street Relimore Persetting T1 S No.

OFFICIOATE OF BEATH

CTATE OF MADY AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURGATI V. B. I			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	22.1
1. PLACE OF DEATH		4
County Aprilocol	Registration Dist. No. 18 C	5
Village or City Verre Havelle	NoSt.,	Ward
Length of residence in city frown where death occurred / + yrsmos	death occurred in a hospital or institution, give its NAME instead of street and num	
1 to 1. 1 4/0. 1301	Divers	
2. FULL NAME SYLLIGING IT OF	Oh Ward	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and St.	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Stoley // (Month) (Day)	191 <b>5</b>
5a. If married, widowed, or divorced	(month) (bay)	(Teal)
HUSBAND of (or) WIFE ot	22. I HEREBY CERTIFY, That I attended dec	-
70-11-1615-	20. 15 / 25	ــ من 19مار death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	death is said
7 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(Lulmoners Dubrellesis)	45.
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and		
SAW MILL, BANK, etc		
this occupation (month and spent in this occupation cocupation		
12. BIRTHPLACE (city or town) Floyd es Du	Other Contributory Causes of importance:	
(State or country)		
13. NAME MM a Divers		
13. NAME  14. BIRTHPLACE (city or town). Thought a	Name of operation	
(State of country)	What test confirmed diagnosis? X May Was there an aut	opsy?_Uo
15. MAIDEN NAME Pancie M Inice	23. If death was due to external causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT A Livers (Address) Sharon	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	.E.
18. BURIAL, CREMATION, OR REMOVAL  Place Farming Campate July 13 19-33	Manner of injury	
Place Date 1999	Nature of injury	
19. UNDERTAKER TANK TOOL ME (Address) Lavathorles me	24. Was disease or injury in any way related to occupation of deceased?	٠
20, FILED July 13, 1933 Thomas R Brown Registrar.	(Signed) Wellard (7. Kullson (Address) Frest Kell ma	eM. D.
IC III C. P.	N. Cl. J. C P. L P	

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Example I			Example II	
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Arteriosclerosis	1915	Attack of epilepsy	and the same of th	1 week ago
Chronic interstitial nephritis	1921	Run over by street car '		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	· ·	3 days ago
			· 5./1.2053	
	1		1	
Other contributory causes of importance:		Other contributory ca	auses of importance:	
Gallstones	May 1,1923	923 Gastroenteritis		1 year

8

19. UNDERTAKER (Address)

20, FILED

item of infor-

MEDICAL C	ERTIFICA	TE OF DEAT	Н
DATE OF DEATH	as la	29	193 3
	(Month)	(Day)	(Year)
IHEREBY	CERTI	FY, That I atten	ided deceased from
	, 19, to		, 19
ast saw harm alive on	***********	, 19	; death Is said
have occurred on the date state	d above, at	m,	
e PRINCIPAL CAUSE OF DEAT	TH and related c	auses of importance	
16 43 1010 113 .			Data of onset
God us a	u. Au	tombel	0
rom Cerrely			
aborto	1/1/	and cong	
470 00	44		
her Contributory Canses of Impo	ortance:		
me of operation		Date	of
nat test confirmed diagnosis?		Was there	an au'opsy?
If death was due to external cau	ises (VIOL ENCE	) fill in also the folio	wing:
cident, suicide, or homicide?		Date of injury	, 19
nere did Injury occur?			
ecify whether injury occurred In	i INDUSTRY, In	or town, county and HOME, or in PUBLIC	State) PLACE.
onner of injury			
ture of Injury			
Was disease or injury In any w			
so, specify	Khuk	unger (Co	ouev)
(Signed) Andress) Non	e de gi	are M	d. M.D.
N. Charles Street, Baltimore, Re			

If more blanks are needed, address State Registrar, 2411

If

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I  The principal cause of death and related causes of importance were as follows:  Date of onset		Example II		
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	4.1053	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1/2

(Year)

Date of onset

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Year)

Date of enset

BINDING FOR RESERVED ARGIN plain carefully important in DEA should very OF USE NOI

16. BIRTHPLACE (city or town) (State or country

REMOVAL

17. INFORMANT

18. BURIAL, CREN

19. UNDERTAKE

20. FILED

(Address)

(Address)

V. S. No. 1

B.

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Where did injury occur?\_\_\_\_\_

Manner of injury

Nature of injury\_

(Signed)

If so, specify

24. Was disease or injury in

(Address)

Specify whether Injury eccurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

(Specify city or town, county and State)

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Example I		Example II	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 07225
1. PLACE OF, DEATH	
	Registration Dist. No. 181
County to artifal	Registration Dist. No. / 0 /
Village or City Uberdeen	No. 28 Church Areau St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U. S. if of foreign birth? yrs. mos. ds.
D. 0 20 1	
2. FULL NAME Dous Mar & ende	mo
(a) Residence: No. 28 Church Fren	
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I ettended deceased from
	1933,10 /1,1933
6. DATE OF BIRTH (month, day, and year) Ostoler 11 1932	t last sew h. L. alive on
7. AGE Yeers Months Deys If LESS then	to have occurred on the date stated above, atm.
8 29 1 dey, 6_hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as STLK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and this prographic month and personal last bis prographic month and personal last bis prographic month and personal last bis programmed to the personal last bis programmed to the personal last bis programmed to the personal last bis personal last	Marthan
9. Industry or business in which	and the state of t
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
U 10. Date deceased last worked at 11. Total time (years)	
10. Date deceesed last worked at this occupation (month and year)	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Ibrideen Browning Browness	
(State or country) Marghet	Consulus
13. NAME COME TO SANGE TOOK W. J.	
14. BIRTHPLACE (city or town) Sandy Trook, N. J.	Name of operation
(State of Country)	What test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME Musel 7. Thompson	23. If death was due to externel ceuses (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town). Highlands, New Jusey	Accident, suicide, or homicide? Date of Injury 19
State or country)	Where did injury occur?
2 8 19 19 1	(Specify city or town, county and State)
(Address) Gherden Med	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sabels Canally Date July 14, 192)	Nature of injury
19. UNDERTAKER Serry Harring Hors. (Address) Takinder and	24. Was disease or Injury in any way related to occupation of deceased?
July 13 33 ( Stephen lane	(Signed) Ty Manue 7 M.D.
20. FILED Registrar.	(Address) Assault 4 Assault 4

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

	STATE OF MARYLAND—	01220
/	County Harford	Registration Dist. No. 184
	Village or City Lublin	No. St., War
	Length of residence in city or town where death occurred 17 yrs 4 mos.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. iI of foreign birth?yrsmosd
	$n_{\rm m}$ . $1$ , $1$	1 Dalta
	2. FULL NAME // War Daniel DT .	an Ward
-	(a) Residence: ND. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR BLYORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CER/T1FY, That + attended deceased fee
-	(or) WIFE of	I saw himse stotes death 19
	6. DATE OF BIRTH (month, day, and year) Nov 14 1901	I lest saw h; death is sa
	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et 2:15-P-m.
	3 8 12 ormin.	The PRINCIPAL CAUSE OF DEATH end retated causes of Importance were es follows:  Data of one
	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEFER, etc	Clestranted by coming in
	4 9 Industry or business in which	Contact with thing to the
	work was done, as SILK MILL, SAW MILL, BANK, etc	the self of the top of
	O this occupetion (month and spant in this	accidental cons
	year)	Dther Contributory Causes of importance:
	12. BIRTHPLACE (city or town).  (State or country)	V •
	E ALLOLA I Co	
	4 14, BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there en autopsy?
-	15. MAIDEN NAME COVILE H Harleyn	23. If death was due to external causes (VIOLENCE) fill in also the following:
	15. MAIDEN NAME average of tarkern  16. BIRTHPLACE (city or town) Harford Co	Accident, suicide, or homicide? Date of Injury 19
	(State or country)	Where did Injury occur?
	17. INFORMANT M. Carloin a graftos (Address) Strut, mad	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL,	Manner of injury
-	Place Date My 819 33	Nature of Injury
	19. UNDERTAKER Dealley (Address) Darlington, may	24. Was disease or Injury In any way related to occupation of deceased? The
-	20. FILED July 269 33 M H Kirk Registrar.	(Signed) Address) Cardill Md

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	CERTIFICATE OF DEATH 0722			
1. PLACE OF DEATH	98.0			
County HARFORD	Registration Dist. No. 183			
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.			
2. FULL NAME JULIA A. HARRIS				
(a) Residence: No. SHAWSVILLE (Usualplace of abode)	St., Ward.  If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
FEMALE 6. COLOR OR RACE OR DIVERCED. (Swrite the word)	21. DATE OF DEATH  Quely (Month) (Day) (Year)			
a. If married, widowed, or divorced AQUILLA HARRIS (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from			
DATE OF BIRTH (month, day, and year) SEPT 12 1846	I last sawher alive on July 6 1, 1933; death is said			
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at1_2_e,_m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onse			
8. Trade, profession, or particular kind of work done, as SPINNER, none SAWYER, BOOKKEEPER, etc.				
9. Industry or business in which work was done, as SILK MILL, ***** SAW MILL, BANK, etc				
10. Date deceased last worked at this occupation (month and year)	Other Coutributory Causes of importance:			
2. BIRTHPLACE (city or town) - Wileys Mill (State or country)	Valvulur Heart Disease			
13. NAME Not Known				
14. BIRTHPLACE (city or town) - 元分分 (State or country)	Name of operation 2000 Date of Date of What test confirmed diagnosis? 2 framework Less Was there an autopsy? 200			
15. MAIDEN NAME Jane Berry	23. If death was due to external causes (VIOLENCE) fill in also the following:			
16. BIRTHPLACE (city or town) Harford Co. Md. (State or country)	Accident, suicide, or homicide? 20 Date of injury 3000, 19			
7. INFORMANT Geo. Tittle (Address) White Hall Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
8. BURIAL, CREMATION, OR REMOVAL Pine Grove Date Jul. 12 33,19	Manner of injury			
9. UNDERTAKER E.G. Kurtz & Son (Address) Jarrettsville, Md.	24. Was disease or injury in any way related to occupation of deceased? 222			
0. FILED July 12, 1933 Thomas R. Brown. Registrar.	(Signed) H. F. Bradley M. D. (Address) Darrettwille Ald			
If more blanks are needed, address State Registras	, 2411 N. Charles Street, Paltimore, Requesting U. S. No. 1.			

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ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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m m

state

should item of

of

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 0722
1. PLACE OF DEATH		
County Harland	(	Registration Dist. No. / D 2
V D O	no made	
Village or City & Carl	an ma	No. St., Ware f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where dea	/· A	
2. FULL NAME Consoli	11/8/1	Harrison
	a were o	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S	s. SINGLE, MARRIED, WIDOWEO,	21. DATE OF DEATH
Semule white	OR DIVORCEO (write the word)	July 9 ,1923
5a. If married, widowed, or divorced	manuel	(Month) (Ddy) (Year)
HUGDAND -4	Harren	22. AI HEREBY CERTIFY, That I eltended deceesed from
(or) mile of Galessa U. No	Harrison	Jan 197 0, 10 July 193
6. OATE OF BIRTH (month, dey, and yeer)	ug 14-1860	I lest sew h Dr. alive on July 9 19.33; deeth is sel
7. AGE Years Months	Days   If LESS then	to have occurred on the dete stated above, et 5Pm.
72 10	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence
8. Trede, profession, or perticular	/ b   ormin.	were as follows:
kind of work done, as SPINNER,	More	(T, O)
SAWYER, BOOKKEEPER, etc	-77010	( Cermanal)
work was done, as SILK MILL, SAW MILL, BANK, etc.		
0 10. Dete deceesed lest worked at	11. Totel time (years) spent in this	
this occupation (month and yeer)	spent in this occupation	
12 BIRTHELACE (city or town) Bel C	Eri	Other Contributory Causes of importence:
12. BIRTHPLACE (cily or town) (Stete er country)	.1	-
1 - 0 - 11	7.// 8	-
13 HAME Colors H.	werester,	
14. BIRTHPLACE (city or town)	In Voced	Neme of operation Move Oete of
(State of country)	refuel to me	What test confirmed diagnosis? Was there en eutopsy?//
15. MAIOEN NAME Scroling 16. BIRTHPLACE (city or town) Wa	N. M. Charmel	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:
5 16, BIRTHPLACE (city or town) Wa	shire ton	Accident, suicide, or homicide? Dete of injury, 19
∑ (State or country)	006.	Where did injury occur?
E PHI Has	SIACOL	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Address) Bola	nucl	· · · · · · · · · · · · · · · · · · ·
18. BURIAL, CREMATION, OR BEMOVAL		Manner of injury
Place toch Spring	Date July 11 , 1933	Nature of injury
800	1	-
19. UNOERTAKER Deaut	tosko V	24. Was disease or injury in eny way related to occupetion of deceased?
(Address)	in March	If so, specify

ERTIFICATE OF DEATH Registration Dist. No. occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? yrs. mos. ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Year) ERTIFY. That I eltended deceesed from Date of onset

Registrar.

If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Lorford	Registration Dist. No. 184
2- 0 1/	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / Jary / John	son.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cross do Thornes	22. I HEREBY CERTIFY, That I attended deceased from  Marila 1 1933 to July 25 1933
6. DATE OF BIRTH (month, day, and year) City 18 1850	Liast saw h. A. aiwe on T. A. T. 1933 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, \$ 245 A.m.
79 11 5 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Elizario Walleauri
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and) Spent In this	
10. Date deceased last worked at this occupation (month and part of 13 spent in this occupation occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	chine piferillo
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of
(State of country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME (15. MAIDEN NAME (16. BIRTHPLACE (city or town))	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury
17. INFORMANT Clivery Horrison	Where did injury occur?
(Address)  18. BURIAL, CREMATION, OR REMOVAL	
Place Sand Sine Date July 1933	Manner of Injury
19. UNDERTAKES TO THE STATE OF	24. Wes disease or Injury in any way related to occupation of deceased?
(Address) and Depter Pal	If so, specify
20. FILED JANG 26, 19.33 7 6 S. M. Mall	(Signed) (Address) M. D. (Address) M. D.

OF MADVI AND

CEDTICICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. J. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

of OCCUPA-

STATE OF MARTLAND	CERTIFICATE OF DEATH 07230
1. PLACE OF DEATH	92-00)
County Harfurd	Registration Dist. No. 184
Village or Dity Dullin	No. St. Ward
Length of residence in city or town where death occurred 79 yrs	If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME CLASELL S. C.) O	nes
(a) Residence. No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SIMOLE, MARRIED, WIDOWSD, OR DIVORCED (write the word)  Male  Married	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widewed, or diverged HUSBAND of	
(or) Interest Man Jones.	22.   I HEREBY CERTIFY, That I attended deceased from
48, 101852	1932, to July So, 1933
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above at 2302 m
79 7 / 1 day,hrs.	
8. Trade, profession, or particular	were as follows:
SAWYER, BDDKKEEPER, etc.	the fact -
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and	Levany undo sandeful
10. Data deceased last worked at this occupation (month and 1987 spent in this occupation)	
LO DIDTUDU ACT (Thursday) 601 4 1 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State-or country)	-
13. NAME Joseph & Jones  14. BIRTHPLACE-(vity-or-town) Dubling	
7 14. BIRTHPLACE (city or town) Dullin	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Margarett Clower	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Margarett Clours  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFDRMANT Mr (today) Jones (Address) Darwato m d	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Dunlin M. Campate Mg. 1, 1933	Nature of injury
19. UNDERTAKER TIS Bailen	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July JU, 19 33 M W Kirk	(Signed) M. D
Registrar.	(Address) Cardiff Med

CTATE OF MADVIAND CEDTIFICATE OF DEATH

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1			Example II	
The principal cause of death and re of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	CEAU Y	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
Other contributory causes of import	ance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1 Ä ż

item of infor-

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92:0
County farford	Registration Dist. No.
Village or City Chrysler	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?
2. FULL NAME Helliam Ill	
(a) Residence: No. (Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
	1933, to \$10 30, 19 33
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than	I tast saw h A alive on 1932; death is said
1. AGE leas months bays it less than lday,hrs.	to have occurred on the date stated above, at flag. D.C.m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
04   / ormin.	were as follows: Date of onest
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Chronic Mihal ?
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at depth 11. Total time (years) this occupation (month and	Huguntal
10. Date deceased last worked at Acyst 11. Total time (years) spent in this your occupation (month and 1930 occupation occupation	
12. BIRTHPLACE (city or town) Aarford Co	Other Contributory Causes of importance:
(State or country)  Language 13, NAME  Language 25	CA Lasser
E I I I I R	
[State or country]	What test confirmed diagnosis? Was there en autopsy? (Lu)
15. MAIDEN NAME Mary & Warthington	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary & Warthington  16. BIRTHPLACE (city or town) Shila	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT MAY Exercise Rayfuld (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place MM Calvary and Date ling , 2 2 , 1923	Neture of injury
19. UNDERTAKER Serry Janjing House	24. Was disease or injury In any way related to occupation of deceased?
(Address) libration med	If so, specify
20. FILED JA 1935- O. C. Michael Registrar.	(Signed) M. D.  (Address) Hall Hall Hall

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earcfully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage .	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	PLACE OF DEATH	STATE OF MARYLAND
	County Hayra Co	CERTIFICATE OF DEATH
	D.00 a land	Registration Dist. No. 180
1	Village or City Vollo Flat (No. 2FULL NAME Roy G. TMC	St: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Wale Write Single MARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH July 13, 1933
	6 DATE OF BUTTH	17 I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day), 1898	that I last sew halive on, 192,
	7 AGE   If LESS than	and that death occurred on the date stated above, at 12 20 Pho
i	3 4 yrs. 10 mos. 24 ds. or min.?	The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or City Freman	in Bush liver near Pells
	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrsmosds.
	9 BIRTHPLASE Carelle or colory Maryland	Contributory Secondary  (Durstion)  TES MOS ASS.
	10 NAME OF Sohn W. No Kinney Sr	(Signed) Fred Alle orland Choranetti M. D.
	OF FATHER (State or country Carell, Co. Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Hessie A. Whitmore	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
-	13 BIRTHPLACE OF MOTHER (State or Country) OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
	(Informant) Mr. John W. Mc Kurney Jr. (Address) 3000 E. Prett St.	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  QUILLE OF BURIAL  22
	Filed fully 16 1939 Fuld ellor look Registras	Jour S. Winan 3000 E. Balts
1	If more banks are needed, addre.s tate Kegistrar,	, 16 V. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coul mine, etc. Wom-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an Civil engineer, state occupation at beginning of illness. If retired fro gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, whatever, write None. or given up on account of the DISEASE CAUSING DEAT business, that fact may be indicated thus; Farmer (r to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, not gainfully emyrs). Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material Stationary fireman, etc. For persons who have no occupation If the occupation has been changed Architect, Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise\_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus may be stated under the head of "contributory." (Recommendations on statement of cause of death "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "Inamition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease approjed by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Atrophy," "Collapse, FOR VIOLENT DEATHS state MEANS OF INJU.X Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Chronic Example: Measles (disease " "Coma," "Convulsions, affection need not be etc. valvular heart disease; The contributory Measles;

this certificate is looked over thoroughly and a'l qu stions an arreal in detail, it will prevent further correspondence. All the discussive essential and must be obtained before the certificate is permanently flied.

ä

19. UNDERTAKER

(Address)

should state

item of infor-

STATE OF MARYLAND	CERTIFICATE OF DEATH 07233
1. PLACE OF BEATH	CERTIFICATE OF DEATH (723)
County Vargod Co. WIND DORPORATA	IMITS n'
County Co	Registration Dist. No. 185
(16	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs3mos	How long in U. S. if of foreign birth?
2. FULL NAME Dertha Cohen /	aller
(a) Residence: No. 40 6 7. Terrison an	——————————————————————————————————————
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Tempel William (William)	21. DATE OF DEATH 2/ 1933
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Lio. N. Muller	22.   I HEREBY CERTIFY That I attended deceased from
6. 10.11.15.11	46 20 ,1935, to fully ,192
6. DATE OF BIRTH (month, day, and year) Upul 14, 1876	I last saw hell alive on July 19.3; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House / Cufser kind of work done, as SPINNER, House / Cufser kind of work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and this occupation (	manus Luggues
5.4ndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Way sarubling floors with assoline which
SAW MILL, BANK, etc	exploded, igniting her clothing po
O 10. Date deceased last worked at this occupation (month and 1933 spent in this 40% occupation coupation)	J. J
Caille	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) CECU (State or county)	Bullen
13. NAME James Creswell	Jume Cour ams Ceul
13. NAME James Creswell  14. BIRTHPLACE (city or town)	ligs on the 20-1933
Y 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME Cligateth Barr	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mrs. Mystle Harden (Address) 406 n White are Ch	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL O	Manner of injury

24. Was disease or injury In any way related to occupation of deceased?

If so, specify

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

Registrar.

Nature of Injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Pcritonitis	3 days ago	
BURKAU	7 8 1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

stated EXACTLY. properly classified.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

of OCCUPA.

Exact statement

V. S. No. 1 B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07234
1. PLACE OF DEATH	(82-2)
County Harpord	Registration Dist. No.
Village or City Persyman	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long In U.S. if of foreign birth?
2. FULL NAME Ralph Monk	
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
OR DIVORCED (write the word)	Daily 20 193.7
5a. If married, widowad, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
0 11 - 1-	19 19 19 19
6. DATE OF BIRTH (month, day, and year)  7. AGE  Yeers  Months  Days  If LESS than	I last saw has alive on the date stated above, at 343. Gam, 7-20-193
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8. Trada, profession, or particular	were as follows: Date of onset
S. Trada, profession, of particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	brought on from 8 7-18-37
9. tndustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	history of lack by
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date decased last workad at this occupation (month and year)	Cumbola for
n.	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) (Stata or country)	
II 13. NAME Wor & Stroks	
13. NAME 14. BIRTHPLACE (city or town) Duryman	Name of oparation Date of
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Long Month  16. BIRTHPLACE (city or town) Planyman  (State or country)	23. If daath wes due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Ity: The All Markets and Chadress)	Spacify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Komm M. E. Connet pate July 2.1. 193.3	Nature of Injury
19. UNDERTAKER Sterry Tarring Sons	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Jahrana med	If so, specify
20. FILED //20 ,1993-6 C Nicebael-	(Signed) M. D.
Registrar.	(Addrass) Shughlow Mi.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example I	H	Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	AUG 11 1933	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
	Y			
Other contributory ca	suses of importance:		Other contributory causes of importance:	
Gollstones		May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

7 3 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	820
ould OCC	County Harford	Registration Dist. N
should of OCC	Village or City Harford Creamery	No.  death occurred in a hospital or institution, give its NAME instead
- 0/I		ds. How long in U.S. if of foreign birth?yr
Every CIANS ement	2. FULL NAME Nicholas nelson	.17
ED. Ev	(a) Residence: No. White Hall, Ind.	St., Ward.
	(Usual place of abode)	If nonresident give city
ECC PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF I
NT-R. LY.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Nacle Nacle Nacce	21. DATE OF DEATH July 2 (Month) (D.
MANEN A C T I assified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Lulla Luckly	22. 1 HEREBY CERTIFY, Tha
CXE.	1 20 24 1861	last saw harm alive on Quely 52
PE L	6. DATE OF BIRTH (month, day, and year) 20. 21,115   17. AGE 7   Years   Months   Days   If LESS than	to have occurred on the date stated abova, at 6.55Pm.
IS A PE stated E properly certificate	7 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of imp were as follows:
**	8 Trade profession or particular	Carebral Herron
he pe pe of	SAWYER, BOOKKEEPER, etc.	Artino sclervii
nay back	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
INI Sh t it	kind of work done, as SPINNER, Netured Farmer SAWYER, BOOKKEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) year)  11. Total time (years) spent in this occupation occupation	
NFADING I	12. BIRTHPLACE (city or town) Taylor Har. Cu. Md.	Other Contributory Causes of importance:
UNFA) upplied terms,	(State or country)  21 13. NAME  Oshus Nelson	0
D = 4		Name of operation
y sul ain t	14. BIRTHPLACE (city or town) Have (State or country)	What test confirmed diagnosis?
	15. MAIDEN NAME Ellen Hope	23. If death was due to external causes (VIOLENCE) fill in also
INLY, W. be careful EATH in primportant.	16. BIRTHPLACE (city or town) Han. Co. Md.	Accident, suicide, or homicide?Date of i
NE.	(State or country)	Where did injury occur? (Specify city or town, c
ADDV	17. INFORMANT Mys. Charles Tenly	Specify whether injury occurred in INDUSTRY, in HOME, or i
40	(Address) Whill Hall, Mid	Manner of injury
SE SE	Place Buthel Cem. Date July 25, 19 33	Nature of Injury
WRIT mation CAUS TION	19 UNDERTAKER & S. Kuts & Lond	24. Was disease or injury in any way related to occupation of
LEDH	(Address) Jarrettavalle, md.	If so, specify
2	20, FILED July 25, 1933 Thomas P Brown	(Signed) No. 7. Brackley

07235 Dist. No. 183

No	St.,Wai	rd
death occurred in a hospital or institution, give its NAM		
ds. How long in U.S. if of foreign birth?	yrsmos	IS.
A 7		
St., Ward.		
If nonresiden	at give city or town and State	
MEDICAL CERTIFICAT	E OF DEATH	ment <sup>a</sup>
21. DATE OF DEATH		
21. DATE OF DEATH July	22 .193 3.	
(Month)	(Day) (Year)	
22. 1 HEREBY CERTIF	Y That I attended deceased fro	om.
July 12 , 1933 , 10 P		
and the same of the same	7 10.23 Mathia	a a
to have occurred on the date stated abova, at	SCD death is sa	ai u
The PRINCIPAL CAUSE OF DEATH and related cau were as follows:	Date olone	et et
Cerebral Her	nowhage	
Artina Och	· ·	
Other Coutributory Causes of importance:		
High Blood Pa	resust	
Name of operation	Date of	
What test confirmed diagnosis?	Was thera an autopsy? 2	4
23. If death was due to external causes (VIOLENCE)	fill in also the following:	
Accident, suicide, or homicide?2_	Date of injury	
Where did injury occur?		
Specify whether injury occurred in INDUSTRY, in H	or town, county and State)	
Specify whether injury occurred in INDUSTRY, in h	TOME, OF IN PUBLIC PLACE.	
Manner of injury		
Nature of Injury		
24. Was disease or injury in any way related to occu	upation of deceased?	
If so, specify		
(Signed) 177 Brad	ley M	. D.
(Address) - Danette	ville Md	
2411 N. Charles Street, Baltimore, Requesting U. S. N		-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAproperly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	7671
County Harford	Registration Dist. No. / 8
Village or City Commonlin my	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
a m Q.	1.1
2. FULL NAME Inorgan Ger	St., Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE  white  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Wenth) (Bay) (Year)
Ta. If married, widowed, or divorged .  HUSBANO of .  (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year about 44 years	I last saw h aliwe on ,19 ; death is said
T. AGE 44 Years Months Days If LESS than 1 day,	to have occurred on the data stated above, atmm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	head- Delf-inflifted-
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Town of ff' mos (State or country)	Other Contributory Causes of importance:
13. NAME W/M Perry	
14. BIRTHPLACE (city or town) (State or country)	Nama of operation
15. MAIOEN NAME Sanon Combe	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Sweide Oate of injury July 9, 1933. Where did injury occur? Harford Conean Edination.
17. INFORMANT Paul R. Donnan (Address) Leardell ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
13. BURIAL, CREMATION, OR REMOVAL Place MA Guerral Date July 11., 1933	Manner of injury Short own wound Nature of injury Head I flower open from Earn back
19. UNOERTAKER December Scaling (Address) Belan md	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Proly 10, 19) 3 N. E. Richardson. Registrar.	(Signed) M. D.  (Address) Belan M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.-The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of emicry	1 week ago
Chronic interstitial nephritis	1921	Run over by street par	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
		3	
	1 7		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

FOR BINDING

RESERVED

MARGIN

S. No.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
POREAU V 8.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	CIA	N
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F DEATH	07238	3
Registration Dist. No.	182	
give its NAME instead of	_St.,street and number	_Ward
eign birth?yrs		
If nonresident give city or	town and State	

. DATE	OF DEA	tu	lu	2			1933	
		1	(Month)		(Day)		(Year)	
ma	HER	EBY	CER	TIEY.				
rian	L	1S	33	to the	ly		, 1933	
	elive		M. C.	2301	7	192.3.	; death is sa	aid

MEDICAL CERTIFICATE OF DEATH

.ds. How long in U.S. if of foreign birth?\_\_\_\_\_yrs.

Date of onset.

Other Contributory Causes of importance

Massumma Was there an autopsy? Ju What test confirmed diagnosis?\_\_ 23. If death was due to external ceuses (VIOL ENCE) fill in also the following:

Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_\_19 Where did injury occur?\_\_

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

If so, specify

(Signed) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	W.D.	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	1 K 1 1933	July 5, 1927	Peritonitis	3 days ago
	JUL 20 190			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones	1 Bo.	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Now I.

(Day)

(Year)

Date of onset

That I attended deceased from

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 07240
1. PLACE OF DEATH	(210-m)
County Harford County	
Village or City Agure de Grace ma	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
	sds. How long in U/S. if of foreign birth?yrsmosds.
2. FULL NAME Jessee Talle	riv
(a) Residence: No. J. Farest Hell n	1askylan Ward
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
male white OR DEVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
DO 15 10.11	30, 19 33, to July 10, 19 33
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	I last saw how alive on live on live on live on live on live occurred on the date stated above, at 10 m.
22 1 22 1 ag,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Mork was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at the companying (most board the companying (most board the companying (most board	Contract of Isram
work was done, as SILK MILL, SAW MILL, BANK, etc	Central Homanhage
10. Date deceased last worked at this occupation (month and year) spent in this occupation	Outomobile assident a duration elevan days.
12. BIRTHPLACE (city or town) West Ungania	Other Contributory Causes of importance:
(State or country)	Shock & Hemorrhage
13. NAME Charles Tallines  14. BIRTHPLACE (city or town) Using mining.	O
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Dacd Soud  16. BIRTHPLACE (city or town) Marth Canaling	23. If death was due to external couses (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	
17. INFORMANT & Lales Tallivar	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	
Place Chestruy Hell Date July 13, 1933	Manner of injury
19. UNDERTAKER Dear & Just	24. Was disease or injury In any wey related to occupation of deceased?
(Address) Bel air, and,	If so, specify
20. FILED July 11, 1933 Charles & Toley M. S. Registrar.	(Signed) Charles of the M.D.  (Address) I fame go Draft Ind
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arleriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 17241
1. PLACE OF DEATH	(g)
County Harford	Registration Dist. No. 184
Village or City Chardill.	No. St Ward
Landh of residence is situated as the state of the state	death occurred in a hospital or institution, give its NAME instead of street and number)
21 401	ds. How long in U.S.If of foreign birth?yrsmosds.
2. FULL NAME Warry It Wa	lker.
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
M 91/hate OR DIVORCED (write the word)	Kuly 2.0. 193 3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of O P 91/1	22. 0 I HEREBY CERTIFY, That I attended deceased from
y hula walter	Sept. 10t. 1932, to July 20, 1923
6. DATE OF BIRTH (month, day, and year) Mar 4 1874	I last sw him alive on self de 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date spated above at Al-4. Un.
59 4 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end/related causes of importance were as follows:
8. Trade, profession, or particular	Carino of Pratate Dato of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Gland
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date deceased last worked at 11 Total time (veste)	
this occupation (month end spent in this occupation occupation	
Conil C	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Lames Walker	
E ( ) + ()	
(State or country)	Name of operation former of frantal than bate of fan. 6.1.7.
15, MAIDEN NAME Hannah Broken	What test confirmed diagnosis? Lafter atong that Was there an autopsy? The
15. MAIDEN NAME Hannah Brofson  16. BIRTHPLACE (city or town) Lancate Co	23. If death was due'to external causes (VIOL ENOÉ) fill in also the following:
State or country)	Accident, suicide, or homicide? Date of injury, 19
0 P. J. 91/2 Ph	(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place State Rulge Date July 24,19 33	Nature of injury
Heled PALL	
19. UNDERTAKER  (Address)	24. Was disease or injury in any way related to occupation of deceased?
	(Signed)
20. FILED Hally 23, 1933 D. S. M. Registrat.	(Address) Caraly m. D.
1	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07242
1. PLACE OF DEATH	(92-a)
County Harford	Registration Dist, No. 18
Village or City Willeden	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Mary Susan Wat	ers
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale White  5. SINGLE, MARRIED, WIDOWED.  OR DIVORCED (write the word)  2 Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of D. D. Maters	1933 to July 10 1933
6. DATE OF BIRTH (month, day, and year) Nov. 14-1857	liast saw has alive on Luly 101, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 Pam.
75 7 26   f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	The Endo Cardili:
of Industry or business in which work was done, as SILK MILL,	Question, some years.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and 1973 year)  9. Comparison 17. Total time (years) spent in this year) 9. Comparison 9. Compa	C.G.R.
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	The state of the s
	assura Rundal, chomic
13. NAME Jan Marsteller  14. BIRTHPLACE (city or town) New Park	Duration: murker of years Custof
(State or country)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy? 4.0
15. MAIDEN NAME Margart M. Tront.	23. If death was due to external causes (VIOLENCE) fill in also the following:
f6. BIRTHPLACE (city or town) Stayerroll Center (State or country) Ra	Accident, suicide, or homicide?
17. INFORMANT M. D. D. Waters (Address) Churchen md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mr 3cm Cerrily Date Just 1.3, 1927	Nature of injury
19. UNDERTAKER Servey Garions Hous	24. Was disease or injury in any way related to occupation of deceased? According
(Aptyess) The such my	If so, specify
20. FILED July 18 36 Of Muchail	(Signed) Clark fluide M.D.
Registrar	(Addrace) Oly else und

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
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Example I	10	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07243
1. PLACE OF DEATH	(95-P)
County Harrord	Registration Dist. No. 184
Village or City Bardy	NDSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?msds.
2. FULL NAME David as Walks	no
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (portice the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (portice the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed or divorced HU3BAND of Cornel Carrel Carrel Valler	I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jacoy 13-1853	last saw h. L. alive on 2 2 71923; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
80 2 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Blacks with SAWYER, BOOKKEPER, etc.	
Mandustry or business in which	To Decorate
work was done, as SILK MILL, SAW MILL, BANK, etc.	( Table Transpligue
10. Date deceased last worked at this occupation month and year) spent in this occupation was a spent occupation occupation.	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME W= Watkins	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Deplone & Treet	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Cofinance & Tile!	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Me Class) Della Va II.D.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE,
18. BURIAL, CREMATION OR BEMOVAY	Manner of injury
Place Stay out 151 4 Date July 23,1923	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jacky 24, 1933 DV & J. B. Mc Dalb-Registrar.	(Signed) M. D. (Address) M. D. 2 3 2 1733
	2411 N. Charles Street Baltimore, Requesting U. S. No. 1.

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Example I	S. Ary	Example II	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emilepsu 1 week ago Run over by street car Chronie interstitial nephritis 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07245
1. PLACE OF DEATH	46
County Joseph	Registration Dist. No. 184
Village or City Probabile	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Thank the	lson
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oey)  (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. Full HEREBY CERTIFY. That I attended deceased from 1937, to July 30 1,1933  I lest sew him alive on July 38 1, death is said
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yeers Months Days If LESS than	to heve occurred on the dete steted above, at S. J. m.
65 9 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(0, 0)
SAWYER, BOOKKEEPER, etc.	Lances of recuire
Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 11. Total time (yeers) this occupation (month and)	
10. Date deceased last worked at this occupation (month and year) 11. Total time (yeers) spant in this occupation 48	
	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	Saus
13. NAME I for the leave	7
13. NAME  14. BIRTHPLACE (city or town)	Name of operation Oeta of
(State or country)	Whet test confirmed diegnosis? observation Was there en autopsy? No
15. MAIDEN NAME Many Description	23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
Stete or country)	Where did injury occur?  (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Pleca 7 mm June Date Org 2 , 1983	Nature of injury
19. UNOERTAKER 14 16 (Address)	24. Was disease or injury in eny way related to occupation of deceesed?
20. FILEO Careg 2 79 33 JV J J. DIChalberraistar.	(Signed) Valle Hawkus M. D. (Address) Town From Pa,
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
wint of law	

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CATISE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82:00
County Hayford	Registration Dist. No. / 8
Village or City Buson	NoSt., Ward
Length of residence In city or town where death occurredmos	death occurred in a horpital or institution, give its NAME instead of street and number)
X . 01 . 10 d	now long in 0.3. If of foreign birth?yrsmosas.
2. FULL NAME / fullians / 1,	fork.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX  4. COLOR, OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word)	21. DATE OF DEATH 21 193(3
5a. If married, widowed, or divorced HUSBAND of	Month) (Day) (Year)
(or) WIFE of Harfarly fork.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dee 75, 1879.	I last saw h. D Valand Deall at 19 at seath sold
7. AGE Years Months Days If LESS than 1 day	to have occurred on the day street aboutm.
22 6 M ormin.	The PRINCIPAL CAUSE of DEATH and Teledad causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	
	wageley 11 sidde
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	6 10 11
11. Total time (years) this occupation (month and year) year)  11. Total time (years) spent in this occupation	and and amy
	Other Contributory Causes of importance ! Dole of camp
12. BIRTHPLACE (city or town) faut (State or country)	arlosal, allund the
13. NAME FILLENSCH GOTK.  14. BIRTHPLACE (city or Lown)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME (aropuse heffu	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (as o beine fresser  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? 13/0 Date of injury 2-1, 19
My My - 7/	Where did injury occur? (Specify city or town, county and State)
17. INFORMANTIFIES STRANGER THE CARDON THE	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury how
Place frequence Date fully 13, 1933	Nature of Injury
19. UNDERTAKENTA Suberger V Gros. (Address) Bushington M	24. Was disease or injury In any way related to occupation of deceased?
0/10/00/00/01/1	If so, specify
20. FILEDRILD 21., 1938/ Cherden	(Signed) (Address) Falls Free M. D.
If more blanks are needed address State President	N. Charles Smart P. Liver P. W. G. C. M.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Vnd 4 1933	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year